

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 25 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000009318*

1. Corporation Name

Shade America, Inc.

2. Principal Office Address

555 Canal Road

3. Mailing Office Address

555 Canal Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

U.S.

Zip

32082

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/2003

5. FEL Number

593765332

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Müller M. Otto

Street Address (P.O. Box Number is Not Acceptable)  
650 Ponte Vedra Blvd

Suite, Apt. #, Etc.

Unit E

City

Ponte Vedra Beach

State

FL

Zip Code

32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

9/25/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                             |
|----------|--------------------------------------|---|--|
| DIRECTOR | MULLER OTTO                          | 650 PONTE VEDRA BLVD                              | Ponte Vedra Beach FL 32082                     |
|          |                                      |   | 000080456430<br>10/04/06--01029--007 ***308.75 |
|          |                                      |   |  |
|          |                                      |   |  |
|          |                                      |   |  |
|          |                                      |   |  |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/06 904 273 9233

Daytime Phone #